

SIP Cover Sheet

California's Child and Family Services Review System Improvement Plan

County	Siskiyou
Responsible County Child Welfare Agency:	Siskiyou County Human Services Department
Period of Plan:	10/01/04 – 09/30/05
Period of Outcomes Data:	January, April, July 2004 Quarterly Data Reports
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County Contact Person for County System Improvement Plan

Name:	Kate O'Shea
Title:	Program Manager, Adult and Children's Services
Address:	490 South Broadway Yreka, CA 96097
Phone/Email	530-841-4202 koshea@co.siskiyou.ca.us

Submitted by each agency for the children under its care

Submitted by:	Siskiyou County Human Services Director
Name:	Nadine Della Bitta
Signature:	

Submitted by:	Siskiyou County Chief Probation Officer
Name:	Adele Arnold
Signature:	

I. SIP NARRATIVE

1. Identify Local Planning Bodies

The following collaborative bodies participated in Siskiyou County's self-assessment and continue to be engaged in the development and implementation of the County's System Improvement Plan (SIP). Please see Attachment A for a complete listing of agencies participating in these planning bodies.

Community Services Council (CSC)

The Community Services Council is composed of top administrators from both the public and private sector. This body recommends policy for the comprehensive delivery of social, health and economic services throughout the County. CSC members have been kept informed of self-assessment and SIP efforts by the Human Services Director. They have consistently supported child welfare services reform and earmarked Small Counties Initiative funding to develop and enhance Family Resource Centers. The CSC has set the tone for continued collaboration and attention to outcomes among county stakeholders who work with or advocate for children and families. Their input will be valuable during SIP implementation and the various planning stages of redesign.

Common Concerns

The Common Concerns Committee meets quarterly to review and evaluate the provision of services to families in Dependency Court from a systems perspective. The Committee consists of representatives from Child Welfare, Adoptions, Foster Family Agencies, and County Counsel. This group provided valuable input and support during the self-assessment process, especially in regard to permanency outcomes. They identified Length of Time to Exit Foster Care to Adoption as an outcome to be addressed in the SIP even though the County data was favorable. Common Concerns members are looking forward to enhancing outcomes for children as they reunify with family or are adopted.

Families Matter

Families Matter is a network of public, private and community organizations that provide services to children and families. It was created with a dual purpose: to support families at risk of entering the Dependency or Delinquency systems and to act in an advisory capacity on redesign issues related to prevention. Families Matter members are strong advocates for families in Siskiyou County and their feedback on child abuse prevention efforts and safety issues is taken very seriously.

Foster/Kinship Care Task Force

The Foster/Kinship Care Task Force is composed of agencies and individuals who provide services to or support children in out-of-home care, including placement in foster/group homes and with relatives. This collaborative body acts in an advisory capacity on redesign issues related to children in placement, i.e. reunification, placement stability, adoption, emancipation and caregiver recruitment. Permanency

Issues addressed in the County's SIP will be reviewed by the Foster/Kinship Care Task Force and their feedback incorporated into future system improvement plans.

The Siskiyou County SIP Team consists of the following members:

Kate O'Shea, CWS Program Manager
Madeline Olea, CWS Consultant
Connie Lathrop, Court Supervisor
Chris Loogman, ER/VFM Supervisor
Suzanne Hogue, Court Social Worker
Steve Zufelt, ER Social Worker
Todd Heie, Assistant Chief Probation Officer
Nicole LaCoursiere, Acting Probation Juvenile Supervisor
Rich Smith, CDSS Adoptions Manager
Lynda Taylor, CDSS Adoptions Liaison
Marianne Hotek, Environmental Alternatives FFA Social Worker
Rick Flynn, Remi Vista Regional Manager
Nena Panza, Ready For Life Executive Director
Lavon Kent, Quartz Valley Indian Reservation (ICWA)
April Attebury, Karuk Tribe (Tribal Court)
Lisa Goodwin, Karuk Tribe (ICWA)
Sherryl Evans, Foster Parent
Amanda Talkington, California Youth Connection

Collaboration with County Probation Department

As also stated in the County's Self-Assessment, the excellent working relationship between the Human Services and Probation Departments is not reflected in the SIP because comparable data from the two agencies is not available. However, during the preparation of the SIP, the Human Services Director and Probation Chief signed a Memorandum of Understanding between their two agencies on the placement of foster children. This event is significant because both Department Heads are new in their positions and the signing of an MOU required a commitment from them to meet mutual federal and state requirements in all Siskiyou County out-of-home placements.

2. Share Findings that Support Qualitative Change

Siskiyou County did not engage in data collection activities during the Self-Assessment process for the following reasons:

- The Department did not have available staff to develop a data collection process, engage in data collection activities, facilitate interviews/focus groups, and tabulate findings. The CWS Program Manager retired during this period and, although she was hired to complete the self-assessment, the County lacked the necessary manpower to accomplish a meaningful data collection effort. The

Department made a conscious decision to put its energies in other areas that would yield equally valuable results.

- Siskiyou County is a frontier county in which a small number of public and private sector professionals (generally middle-managers) are involved in decision-making activities for child abuse prevention and treatment. Because these professionals work closely in a variety of forums, they have developed trusting relationships. Such relationships allow for complete frankness when it comes to expressing the concerns and frustrations of their respective clientele. When a consumer brings a concern to his/her advocate, it generally gets passed on to the appropriate agency. During the Self-Assessment process, the Department used every opportunity to let community partners know it was interested in their (and their consumers') assessment of services and outcomes. This informal kind of information gathering will continue during the current SIP process and in the future.
 - Consumer participation has not come easily to the County. However, there is a CWS consumer on the Community Services Council and one in Families Matter. Both are strong advocates for parents and their opinions will be actively solicited during the SIP process.
 - For the last four years, the Grand Jury has acted as watchdog over Child Protective Services. The Grand Jury findings and recommendations have brought to the Department's attention a variety of complaints and concerns the Department has taken very seriously and has attempted to address. While the process has been painful at times, it has given the Department a picture of how CWS is perceived by a particular portion of the population.
 - In response to a Grand Jury recommendation, the Department is establishing a Departmental Complaint Resolution Protocol. The protocol provides for complainants to address their issues with the case-carrying social worker, the supervisor, and the program manager. If not satisfied at these levels, the complainant can appeal to an outside Standing Review Panel who assesses the complaint and makes a recommendation to the Director. Although the Standing Review Panel is not yet operational, a brochure requesting input from consumers (both favorable and unfavorable) was widely distributed approximately six months ago. As the complaint resolution protocol becomes institutionalized, it will become an important mechanism for collecting consumer data on an ongoing basis.
3. As requested, attached is the Summary Assessment (Section V) of the Self-Assessment (Attachment B).

The table in the Summary Assessment summarizing and comparing County and State outcomes was revised to include July 2004 data and is included in Attachment C.

Outcome/Systemic Factor: 1 B: Recurrence of Maltreatment					
County's Current Performance: The July 2004 Outcome & Accountability County Data Report indicates that of all children with a <i>first</i> substantiated referral during the 12-month study period, 16.9% had a subsequent substantiated referral within 12 months. The statewide average was 13.1% and is our only basis of comparison. In our self-assessment, we acknowledged a weakness in this area; however, we also expressed a lack of clarity on exactly what was being measured in this outcome. We initially indicated we would not be addressing this outcome in our SIP for the following reasons: <ul style="list-style-type: none"> • Substantiated subsequent referrals do not necessarily indicate a negative outcome. It is not uncommon for children to disclose abuse and neglect in increments. As they develop trusting relationships, they may feel comfortable to disclose previously unreported incidents of abuse or neglect. • We have low unfounded rates (20.9 as opposed to 34.0 for the state); therefore, we expect higher-than-average rates of subsequent substantiations. This is because unfounded reports with a subsequent substantiation are not counted as a recurrence. • Our strong VFM unit results in more thorough assessments of families' functioning. Subsequent referrals are often the result of the VFM worker getting to root causes of problems. We, therefore, expect subsequent substantiated reports. 					
Improvement Goal 1.0 Establish appropriate compliance rate for recurrence of maltreatment outcome.					
Strategy 1. 1 Determine appropriate criteria by which allegations are designated as substantiated, inconclusive or unfounded.			Strategy Rationale¹ Our rates of substantiated, inconclusive and unfounded allegations differ from the statewide average as follows: Substantiated: Siskiyou – 27.8%; State – 22.2% Inconclusive: Siskiyou – 30.9%; State – 24.0% Unfounded: Siskiyou – 20.9%; State – 34.0%		
Milestone	1.1.1 Criteria currently used to designate an allegation as substantiated, inconclusive or unfounded will be examined.	Timeframe	2 months (11/30/04)	Assigned to	Program Manager Supervisors

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

System Improvement Plan Safety Indicator 1 B (recurrence of maltreatment)

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	1.1.2 A meeting with North State Program Managers and ER Supervisors regarding this issue will take place.		2 months (11/30/04)		Program Manager ER Supervisor
	1.1.3 If current criteria are changed, Department goals and expectations will be written and disseminated.		4 months (01/30/05)		Program Manager County Counsel
Strategy 1. 2 Identify comparable counties with lower recurrence rates and explore with them the factors they believe are impacting those lower rates.		Strategy Rationale ¹ Learning from other counties' experiences is cost and time effective.			
Milestone	1.2.1. County strategies in this area will be discussed at Northern Regional Program Manager meetings.	Timeframe	4 months (01/30/05)	Assigned to	Program Manager
	1.2.2 Compliance rates of all counties will be reviewed and counties most comparable to our own in child population and demographics will be identified.		6 months (03/30/05)		UC Davis Program Manager
	1.2.3 Discussions with comparable counties with reduced rates in this area will take place.		6 months (03/30/05)		Program Manager
Strategy 1. 3 Develop a tracking system and management report that gives a true picture of what we're measuring.		Strategy Rationale ¹ Before we can address compliance, we must decide what it is we're measuring. We need a tracking system to determine whether new reports are for the same or different reasons than previously substantiated reports. We also need data on what intervention, if any, takes place between reports.			
Milestone	1.3.1 Various factors will be considered and a decision will be made as to what should be measured.	Timeframe	3 months (12/30/04)	Assigned to	Program Manager Supervisors
	1.3.2 A tracking system will be developed, either manual or CWS/CMS generated.		6 months (03/30/05)		Information System Technician (IST)
	1.3.3 A management report will be created that will depict the factors affecting compliance.		6 months (03/30/05)		IST

Describe systemic changes needed to further support the improvement goal.

The primary systemic change needed to address this outcome includes the tracking of cases as they flow from referral to ER, VFM, closing, or court. In order to determine the significance of a subsequent substantiated allegation, the nature of the intervention that took place between the two substantiations must be captured.

Describe educational/training needs (including technical assistance) to achieve the improvement goals,

Training needs will be identified as reasons for high recurrence are determined.

Identify roles of the other partners in achieving the improvement goals.

In our self-assessment, we speculated that limited community resources available to families contributed to the problem. If this is confirmed, we will need to approach our county partners and engage them in the ongoing implementation plan.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None identified at this time.

¹ **Describe how the strategies will build on progress and improve this outcome or systemic factor**

Outcome/Systemic Factor: 2 B: Percent of child abuse/neglect referrals with a timely response Systemic Factor A: Management Information Systems					
County's Current Performance: Per the July 2004 Outcome & Accountability County Data Report, our compliance in this area was 92.6 percent for immediate responses and 74.8 percent for 10-day responses. We are confident we can maintain the immediate response compliance with little effort, but the 10-day response compliance will require significant process changes. An issue easily overlooked is the sheer size of the county (at 6,500 square miles, the fifth largest county in the State). ER workers spend an inordinate amount of time driving (see Attachment D), a factor not considered when establishing caseload standards.					
Improvement Goal 1.0 On an ongoing basis, maintain response to immediate child abuse/neglect referrals at 90 percent or better; within 18 months, improve response to 10-day child abuse/neglect referrals from 74.8 percent to 90.0 percent.					
Strategy 1. 1 Review and correct data entry issues.			Strategy Rationale¹ During the SIP process, we became aware of a serious error by two ER social workers who were entering into the system the date of their narrative instead of the date of their contact.		
Milestone	1.1.1 Data entry problems will be identified.	Timeframe	Completed	Assigned to	ER Supervisor
	1.1.2 Appropriate ER staff will be trained on correct data entry.		Completed		ER Supervisor Information System Technician (IST)
	1.1.3 Ongoing controls to ensure correct data entry will be developed and implemented.		1-12 months (10/30/04-9/30/05)		ER Supervisor
Strategy 1. 2 Review composition of ER/VFM Unit and make adjustments if appropriate.			Strategy Rationale¹ As of April 2004, the ER/VFM Unit consists of 4 ER social workers, 2 VFM social workers and 1 social work assistant. The composition of the Unit needs to be evaluated as to whether it is in the best interest of families and whether it facilitates compliance with State regulations.		

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	1.2.1. Criteria by which to assess effectiveness of ER/VFM unit as currently configured will be determined.	Timeframe	2 months (11/30/04)	Assigned to	Program Manager ER/VFM Supervisor
	1.2.2 Effectiveness of ER/VFM Unit using agreed-upon methodology will be evaluated.		3 months (12/30/04)		Program Manager ER/VFM Supervisor
	1.2.3 Adjustments based on evaluation will be made, if appropriate.		6 months (03/30/05)		Program Manager ER/VFM Supervisor
Strategy 1. 3 Review and adjust process for assigning new referrals on children who are Dependents of the Court.		Strategy Rationale ¹ The current process is to assign new referrals on Dependent children to the case-carrying social worker. The Court worker may already be familiar with the allegations and may not feel a need for a face-to-face contact. Or, the safety issues have already been resolved but the worker fails to close out the referral in the system. This process does not facilitate compliance in the area of timely response.			
Milestone	1.3.1 New referrals on Dependent children will be assigned to an ER worker who will coordinate the investigation with the assigned Court worker.	Timeframe	Completed	Assigned to	ER/VFM Supervisor Court Supervisor
	1.3.2 Appropriate staff will be trained on new protocol.		1 month (10/30/04)		ER/VFM Supervisor Court Supervisor IST
	1.3.3 Protocol for assignment of referrals will be written.		4 months (01/30/05)		ER/VFM Supervisor Court Supervisor IST
Strategy 1.4 Determine if there are social workers with a consistently low compliance in timely response.		Strategy Rationale ¹ There must be a clear expectation that all workers will comply with the timely response requirement.			

Milestone	1.4.1 Management report on individual worker compliance will be developed.	Timeframe	2 months (11/30/04)	Assigned to	IST
	1.4.2 Underlying issues for low compliance will be examined		3 months (12/30/04)		ER/VFM Supervisor Social Workers
	1.4.3 Plan for individual improvement will be created.		4 months (01/30/05)		ER/VFM Supervisor Social Workers
Strategy 1.5 Explore the impact of factors related to screener and duty functions.		Strategy Rationale ¹ All ER and Court workers are on a rotating duty schedule that includes taking referrals, handling emergencies and seeing drop-in clients. By the time a 10-day referral is taken, entered and assigned, it may be 5 days into the 10-day response timeframe. Moreover, Court workers, due to time constraints with their own workloads, may submit incomplete referrals, thus requiring ER workers to complete the referral before making the response.			
Milestone	1.5.1 Roles of duty function and their impact on timely response will be examined.	Timeframe	2 month (11/30/04)	Assigned to	Program Manager Supervisors
	1.5.2 Current policy for assigning duty responsibilities will be reviewed.		2 months (11/30/04)		Program Manager Supervisors
	1.5.3 Changes in duty assignment, if appropriate, will be implemented.		3 months (12/30/04)		Program Manager
Describe systemic changes needed to further support the improvement goal. The systemic factor of Management Information Systems was addressed in Strategy 1.1 above.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. We will explore the possibility of UC Davis training in ER Protocol and risk assessment. We will consider Structured Decision-Making as a risk assessment protocol for future implementation.					
Identify roles of the other partners in achieving the improvement goals. This is an internal issue and we did not identify partners who have a role in achieving improvement.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None					

Outcome/Systemic Factor:

2 C: Timely social worker visits with child

Systemic Factor A: Management Information Systems

County's Current Performance:

Per the July 2004 County Data Report, our compliance rate in December 2003 was 60.8 percent. Timely visits with children have been a longstanding problem in the Department. During the self-assessment, we confirmed our suspicion that social workers were not making appropriate use of visit exceptions. It also became very clear that data entry into CWS/CMS was not consistent. During the SIP process, we began running our own data using both Business Objects and Safe Measures but were unable to reconcile our figures with those published by CDSS. This was disappointing because we recently contracted for Safe Measures in order to produce more accurate data reports.

Members of the SIP Team offered frank opinions on the subject of child visitations. The CYC youth described a time period in which she seldom saw her CPS social worker and expressed she "would have liked her to have been there for me." A foster parent said children generally "want to know what's happening in their case" and older youth like to provide input to the Court. Differing perspectives were offered by the FFAs. One believes the relationship between children and their FFA social worker is more meaningful than the relationship between children and their CPS social worker and, therefore, the FFA worker can effectively communicate the child's needs to the CPS worker. Another believes there are issues the child might want to communicate directly to the CPS worker (such as any dissatisfaction in the foster home) and it is necessary for that relationship to be established. All members agree this area is a top priority for the County.

Improvement Goal 1.0

Issues regarding documentation/data entry and visit exceptions will be identified and resolved.

Strategy 1. 1

Review and revise documentation/data entry by social workers and support staff.

Strategy Rationale¹

The process by which information is passed from social worker to data entry worker has not been formalized. Data are documented by social workers and support staff inconsistently. The process must be clear to everyone to assure information in the system is current and accurate.

Milestone	1.1.1	Timeframe	Assigned to
	Current process will be reviewed.		
	1.1.2		
	Flow chart of revised process will be completed.		

System Improvement Plan Safety Indicator 2C (child visits)

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	1.1.3 All staff will be trained on new protocol.		6 months (03/30/05)		Court Unit Supervisor IST
	1.1.4 Ongoing internal reviews to ensure compliance will be maintained.		6-24 months (03/30/05-09/30/06)		Court Unit Supervisor IST
Strategy 1. 2 Review and revise visit exception practice.		Strategy Rationale ¹ Use of the visit exception has not been emphasized. This is especially true in guardianship cases. Legitimate use of this exception will show an improved compliance rate.			
Milestone	1.2.1. Internal review to assess current use will be conducted.	Timeframe	2 months (11/30/04)	Assigned to	IST
	1.2.2 Protocol for acceptable practice will be developed.		4 months (01/30/05)		Court Unit Supervisor Program Manager
	1.2.3 All staff will be trained on new protocol.		6 months (03/30/05)		Court Unit Supervisor IST
	1.2.4 Ongoing internal reviews to ensure compliance will be maintained.		6-24 months (03/30/05-09/30/06)		IST

Improvement Goal 2.0

Improve timely social work visits with children from 60.8 percent to 90 percent over the next 36 months, in increments of 10% per year.

Note:

The County's intent is to make this improvement goal a top priority. However, we must be very clear about the realities we face. As was pointed out in the county's self-assessment, while our court social workers may carry caseloads comparable to other counties, their workload is not comparable. We have no specialized functions that, in other counties, relieve case-carrying workers of certain responsibilities. On the contrary, Court workers assume added functions, such as screener responsibilities. Moreover, Court requirements demanding of social workers' time have escalated to an unmanageable degree.

The Court Unit consists of five social workers and, as of this writing, there is one social work vacancy. Of the remaining four workers, three have two years or less on the job. It is not an exaggeration to say it is physically impossible for these workers to meet every mandate before them, even when the unit is fully staffed. To make these demands of them with a 20% vacancy in the unit invites work-related health issues and continues the high turnover rate.

County Fiscal Letter No. 03/04-26, CWS allocation for FY 2003/04, shows the County as justifying 14.1 FTEs. Currently, we have 13 social worker positions, including the vacancy in the Court Unit. These positions consist of two supervisors, two VFM social workers, four ER workers, and five Court workers. The 14th justified position is encumbered by a social worker assistant. Because the social worker assistant does not carry a caseload and her child visits do not meet the visit requirement, a request has been made to have this position moved to a support item in the FY 04-05 budget. We will then justify another social worker, even without regard to the workload issues described above.

An obvious solution to our compliance problem would be to hire an additional social worker. However, due to the County's serious budgetary constraints, our CAO and Board of Supervisors are not approving the creation of FTEs in County departments. In fact, in many instances, they are not approving the filling of vacancies. We will not approach the CAO with this request unless the strategies outlined in this SIP fail to significantly raise our compliance rate. We must give these strategies our best effort for at least one year before we consider requesting an additional FTE. If it comes to that, the CAO and Board will know we have exhausted every possible avenue for achieving this goal. We are emphasizing the realities of our county situation because it may not be possible to achieve full compliance in this area without additional social work staff.

The Department is committed to providing quality services to its children and families. Regular contact with children in out-of-home care is necessary to assure their continued safety and wellbeing and to establish meaningful relationships with them. It is simply good social work. Our lack of compliance in this area should not be interpreted as minimizing the importance of this activity.

Fortunately, in this County other social work professionals have special ties to our children and help fill the gap. These professionals include FFA social workers who typically see children in their care on a weekly basis, tribal social workers who ensure compliance with ICWA regulations, and non-profit staff who provide specialized services to children in and out of the court system. We urge the State to seriously consider the suggestions described in this report on regulatory or statutory changes needed to support the achievement of this particular goal.

Strategy 2.1 Explore the impact of factors related to the assignment of cases, duty functions and screener responsibility.		Strategy Rationale ¹ Cases need to be assigned in such a manner as to facilitate completion of all court requirements, including child visits. With 53 percent of children in out-of-county placements, the visitation requirement becomes unwieldy (see Attachment D). Moreover, court workers are pulled from their primary responsibility when they assume office duty (including the screener function). Any new system must first and foremost meet the needs of children and their families.			
Milestone	2.1.1 A description of Probation’s system of case assignment (resulting in 100% child visit compliance) will be received.	Timeframe	Completed	Assigned to	Assistant Chief Probation Officer
	2.1.2 All options for case assignment, including assigning cases geographically, will be considered.		4 months (01/30/05)		Program Manager Court Unit Supervisor
	2.1.3 All factors related to the duty/screener function will be considered and, if appropriate, changes will be implemented.		6 months (03/30/05)		Program Manager Supervisors
Strategy 2. 2 Create a plan for workers who have consistently low compliance.		Strategy Rationale ¹ There must be a clear expectation that all workers will comply with the child visit requirement.			
Milestone	2.2.1 Develop management report on individual worker compliance.	Timeframe	1 month (10/30/04)	Assigned to	IST
	2.2.2 Explore underlying issues for low compliance.		3 months (12/30/04)		Court Unit Supervisor
	2.2.3 Create plan for individual improvement.		3 months (12/30/04)		Court Unit Supervisor
Strategy 2.3 Explore all possible avenues for partnering with other agencies to provide non-critical court unit responsibilities.			Strategy Rationale ¹ The workload carried by the court unit must be made manageable. If this cannot be accomplished by creating more social work positions, some court unit responsibilities may need to be completed by other staff or outside agencies.		

Milestone	2.3.1 Court Unit members will identify case responsibilities that could be accomplished by other staff.	Timeframe	2 months (11/30/04)	Assigned to	Court Unit Supervisor
	2.3.2 Meeting(s) with Director and Fiscal Officer to review funding issues will take place.		4 months (01/30/05)		Program Manager
	2.3.3 Meeting(s) with major non-profits to discuss grant opportunities will be completed.		8 months (05/30/05)		Program Manager
Describe systemic changes needed to further support the improvement goal.					
The systemic factor of Management Information Systems was addressed in Strategy 1.1 above. The Self-Assessment also identified the lack of a formal Quality Assurance System as a systemic factor that impacted compliance in numerous areas. The lack of a policy and procedure manual compounds the problem. While we recognize the importance of these systems, their development and implementation will need to be considered a long term effort. With a new Director and new Program Manager in place, it will probably be at least one year before serious planning can be done in these areas. At that point, the Department may need to consider the hiring of a consultant for these projects.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
We may request technical assistance from UC Davis in workload management for the Court Unit. CWS/CMS tune-ups will be considered for social work and support staff. Training in the use of Safe Measures will be evaluated. Joint training of CWS and non-profit staffs will be necessary if court responsibilities are shared.					
Identify roles of the other partners in achieving the improvement goals.					
Our public and non-profit partners will play a critical role in achieving the improvement goals if court services are provided through collaborations. They may need to respond to an RFP and their understanding of Court mandates will need to be aligned with the goals of CWS.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
Currently, face-to-face contacts by social workers other than the CWS worker do not count toward the child visit compliance. This includes visits by FFA social workers who see children in their care multiple times per month, tribal social workers who ensure compliance with ICWA regulations, and Wraparound social workers who provide intensive services to the entire family. Division 31 regulations must be modified to allow face-to-face contacts by these professionals to meet the visit requirement. Perhaps a designated percent of the total monthly-required visits could be made by a social worker other than the CWS worker.					

<p>Outcome/Systemic Factor: 3 A: Length of Time to Exit Foster Care to Adoption</p>					
<p>County's Current Performance: All adoption services in the county are provided by the CDSS Bureau of Adoptions. Per the July 2004 Outcome & Accountability County Data Report, our compliance rate in the July 2004 data report for children adopted within 24 months was 6.7 percent. Although it is a favorable rate compared to the Statewide average of 5.3 percent for the same period, the SIP Team agreed to address it. We see it as an opportunity to bring together child welfare services, adoption, foster family agencies, a foster parent and a foster youth to examine the infrastructure for increasing our compliance rate further.</p> <p>One particular challenge will be addressing the role of the legal community in the adoption process. Attorneys in this County who represent parents and children are very strong advocates for their clients. As would be expected, they do not want to consider adoption as an option early in the court process. The challenge here will be to reach an understanding with them on the mandates of concurrent planning without minimizing their desire to maintain the bond between parent and child.</p> <p>Another factor to consider while working on this outcome is foster family agency staff and foster parent understanding of concurrent planning, as well as motivation to find adoptive homes within their ranks.</p>					
<p>Improvement Goal 1.0 Within the next 12 months, maintain current level of compliance.</p>					
<p>Strategy 1. 1 Develop a plan to address concurrent planning issues.</p>			<p>Strategy Rationale¹ The Department and the Bureau of Adoptions approach concurrent planning from their own experiences. We believe we have implemented concurrent planning to the degree possible considering current staffing levels and lack of resource families. State Adoptions is advocating strongly for immediate and full implementation. Unfortunately, training by UC Davis on this subject in June 2004 did not help the two agencies bridge the gap.</p>		
Milestone	1.1.1 CWS and State Adoptions will invite input from SIP Team members (FFAs, foster parent, foster youth) and County Counsel regarding concurrent planning.	Timeframe	6 months (03/30/05)	Assigned to	Program Manager Adoption Manager

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

System Improvement Plan Permanency Indicator 3 A (timely adoption)

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	1.1.2 CWS and State Adoptions will reach an understanding on what concurrent planning should look like in the county.		9 months (06/30/05)		CWS and Adoption staff
	1.1.3 CWS and Adoptions will develop a formal protocol.		12 months (09/30/05)		Program Manager Adoption Manager
Strategy 1. 2 Meet with Dependency Court Judge to share perspectives on significant issues and examine how those perspectives impact the process.		Strategy Rationale ¹ The County's Dependency Court Judge does not terminate parental rights if an adoptive home has not been identified. He is also reluctant, except in more extreme cases, to "fast track" reunification with children under the age of three. CWS and Adoption staffs hold different opinions on what constitutes good practice in these areas, both based on sound child welfare principles. These philosophical differences and how they impact the process must be openly discussed with the Judge. If consensus cannot be reached, at a minimum there can be a respectful agreement to disagree.			
Milestone	1.2.1. Meeting with the Dependency Court Judge will be completed.	Timeframe	6 months (03/30/05)	Assigned to	Appropriate members of SIP Team
	1.2.2 Written report on conclusions drawn at meeting will be provided.		8 months (05/30/05)		Program Manager
Strategy 1. 3 Encourage Foster Family Agencies to recruit and develop Resource Families.		Strategy Rationale ¹ The concept of resource families is new in the county. Since the county does not license foster homes, FFAs will be encouraged to develop strategies in this direction.			
Milestone	1.3.1 Training on the concept of resource families will be arranged and provided.	Timeframe	6 months (03/30/05)	Assigned to	Program Manager
	1.3.2 FFAs will be fully supported if they initiate efforts to recruit and develop resource families.		8 months (05/30/05)		Environmental Alternatives Ready For Life Remi Vista
	1.3.3 If developed, resource families will be incorporated into concurrent planning.		12 months (09/30/05)		Court Unit

Strategy 1.4 Review and formalize the process for developing Post Adoption Contact Agreements.		Strategy Rationale ¹ Agreements between birth parents and adoptive parents as to post adoption contact with the child can expedite the adoption process. Our goal is to have Post Adoption Contact Agreements effectively and efficiently mediated by our local Family Court Dependency mediator.			
Milestone	1.4.1 Meetings will take place to discuss current process.	Timeframe	6 months (03/30/05)	Assigned to	Program Manager Adoption Manager
	1.4.2 Protocol will be developed and written.		9 months (06/30/05)		Program Manager Adoption Manager
	1.4.3 All relevant staff will be trained.		10 months (07/30/05)		Program Manager Adoption Manager
Describe systemic changes needed to further support the improvement goal.					
The systemic factor of Foster/Adoptive Parent Licensing, Recruitment and Retention will need to be addressed as FFAs consider their own system changes in response to the creation of resource families. This county works very closely with FFAs because we do not license our own homes; therefore system changes in one agency affect the other agencies.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
The county received training on concurrent planning in June 2004. Any further training on this subject needs to be internal. We may request specialized training for staff, including mediators, on Post Adoption Contact Agreements. The extent of the need is not yet known.					
Identify roles of the other partners in achieving the improvement goals.					
The need for harmonious working relationships among CWS, State Adoptions, the FFAs, and the legal community became very clear during the self-assessment and the preparation of the SIP. The improvement goals cannot be attained unless we all understand one another's theoretical foundations.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
None					
Please refer to "Attachment E" to review the GANTT Chart					

SYSTEM IMPROVEMENT PLAN COLLABORATIVE BODIES

Community Services Council (CSC)

County Supervisor	Parent/Consumer
Director of Behavioral Health	President of College of the Siskiyous
Director of Human Services	District Superintendent of Schools
Director of Public Health	Director of Great Northern Corporation
Chief Probation Officer	Karuk Tribal Council Representative
County Superintendent of Schools	Chair of Family Interagency Services Council
Superior Court Judge	CEO of Siskiyou Training & Employment Program
District Attorney's Office	Private Non-Profit representative
Sheriff	Private Health Provider
Director of Child Support Services	Business Owner

Common Concerns

Child Welfare Program Manager	State Adoptions Liaison
Court Unit Supervisor	Environmental Alternatives FFA Regional Manager
Deputy County Counsel	Remi Vista FFA Regional Manager
State Adoptions Supervisor	Ready For Life FFA Executive Director

Families Matter

Behavioral Health Services	Probation
Choices for Children (Yreka FRC)	Public Health
Happy Camp Family Resource Center	Remi Vista
HealTherapy (horse program)	Scott Valley FOCUS (FRC)
Human Services CPS	Shasta Head Start
Karuk Tribe	Siskiyou Domestic Violence & Crisis Center
Kids' Factory (Dunsmuir FRC)	Victim Services
Northern Valley Catholic Social Services	YMCA
Office of Education	Yreka Union Elementary School District

New Membership: McCloud Family Resource Center
 Tulalake/Newell Family Resource Center
 Butte Valley Family Resource Center

Foster/Kinship Care Task Force

Adoptions	Indian Child Welfare
Behavioral Health	Non-Profits serving foster children
CASA	Office of Education
Child Welfare	Pediatrician
Foster Family Agencies	Probation
Foster Parent Association	Public Health
Head Start	Relative Caregiver (not currently)
ILP Program	Wraparound Lead Agency (NVCSS)

V. Summary Assessment

This is a summary of (1) Siskiyou County demographics; (2) County strengths and weaknesses in achieving positive outcomes for families; (3) areas to be addressed in the County's SIP; and (4) barriers to be overcome on the road to improvement.

Siskiyou is a county with high rates of child abuse referrals, substantiated referrals, first entries into the foster care system, and total number of children in foster care. Low or high rates on any of these variables are not significant in themselves. The important question is whether the county is protecting the children who need protection. The County addressed this question by first describing the general context in which its child welfare services are being provided.

Siskiyou County is an economically depressed county with a high unemployment rate, high percentage of children living below the federal poverty level, high school dropout rate, high drug use, and high mental health need. These characteristics suggest an environment ripe for generational child abuse and neglect. High referral and substantiation rates are to be expected.

Siskiyou County has limited resources necessary to serve a population surviving at the poverty level. Non-profits struggle to survive and agencies compete for funding. Even the County's topography lends itself to child abuse and neglect. Families live in isolation, often in survivalist mode. They may have no means of transportation and no access to television or newspapers.

The Department has made a deliberate shift in policy to accept and investigate cases in which risk is low, cases that normally would have been evaluated out. Meaningful services to families can thus be provided prior to their requiring court intervention. The Department is also increasingly demanding more thorough investigations than were previously expected. This change in practice can result in higher numbers of referrals and higher rates of substantiation.

In recent years, the Department has campaigned to educate the community on issues of child abuse and neglect and to improve the image of CWS by enhancing its relationships with community professionals. Mandated reporters have been educated through countywide conferences and seminars and by individualized training. ER social workers are assigned cases within a designated geographic area to facilitate the building of relationships with local agencies. CWS participates in community events to be seen by children and families as helping and non-threatening. Agencies who previously distanced themselves from CPS now want to align themselves with CPS in the public eye and families have requested VFM services because of recommendations from other families. These efforts, while producing favorable outcomes for children, can also lead to increased numbers of referrals, higher substantiation rates, and the potential of more children in foster care.

Below is a table summarizing and comparing County and State outcomes:

State Outcome Measure	Siskiyou County Jan. 04 / April 04	California Jan. 04 / April 04
1B. Recurrence of maltreatment within 12 months of 12-month study period	16.6% / 15.8%	14.6% / 14.8%
1B. Recurrence of maltreatment within 12 months after first substantiated allegation	16.0% / 15.2%	12.9% / 13.1%
1C. Rate of child abuse and/or neglect in foster care (Fed)	.64% / .66%	.81% / .87%
2A. Rate of recurrence of abuse/neglect in homes where children were not removed	9.2% / 10.9%	9.5% / 9.5%
2B. Percent of child abuse/neglect referrals with a timely response:		
Immediate Response Compliance	86.8% / 86.7%	94.5% / 93.6%
10 Day Response Compliance	62.9% / 66.3%	88.6% / 90.6%
2C. Timely social worker visits with child		
April 2003	25.9%	66.6%
May 2003	25.9%	69.3%
June 2003	38.7%	72.2%
July 2003	37.6%	67.3%
August 2003	40.8%	69.1%
September 2003	44.9%	72.5%
3A. Percent of children reunified within 12 months (entry cohort)	51.9% / 58.2%	34.6% / 35.0%
3A. Percent of children adopted within 24 months (entry cohort)	5.1% / 5.5%	5.0% / 5.2%
3C. Percent of children with 1-2 placements – if still in care at 12 months (entry cohort)	90.0% / 84.2%	63.2% / 63.3%
3G. Percent of children who re-entered foster care within 12 months of reunification	10.5% / 3.1%	13.4% / 13.0%
4A. Percent of children in foster care that are placed with all siblings	37.9% / 36.5%	42.0% / 41.9%
4A. Percent of children in foster care that are placed with some or all siblings	61.1% / 60.4%	66.4% / 65.9%
4.B Percent of children whose primary placement was in the following settings		
Relative	9.8% / 14.3%	33.9% / 34.1%
Foster Home	2.4% / 2.4%	22.9% / 23.2%
FFA	82.9% / 78.6%	30.1% / 30.0%
Group/Shelter	0.0% / 0.0%	9.1% / 8.8%
Other	4.9% / 4.8%	4.0% / 3.9%
4E. Percent of children identified as American Indian in ICWA defined settings		
Relative Home	33.3% / 12.5%	41.3% / 39.3%
Non-Relative Indian Family	33.3% / 62.5%	9.5% / 9.4%
Non-Relative Non-Indian Family	0.0% / 0.0%	21.0% / 23.0%

8A. Number of children transitioning to self-sufficient adulthood		
High School Diploma		
Enrolled in College/Higher Education	12 / 15	
Received ILP Services	6 / 6	
Completed Vocational Training	40 / 43	
Employed or other means of support	1 / 3	
	10 / 19	

County Strengths

The Department is pleased with its outcomes on the following measures:

- 1C. Rate of abuse and/or neglect in foster care
- 3A. Percent of children reunified within 12 months
- 3C. Percent of children with 1-2 placements
- 3G. Percent of children who re-entered foster care within 12 months of reunification
- 4E. Rate of children in ICWA defined placements

These positive outcomes would not have been possible without the high quality of services provided by county and community agencies, the partnerships established with braided funding, the focus on reunification throughout the court process, the FFAs' commitment to children in their care, and the strict adherence to ICWA regulations.

Areas To Be Addressed in the SIP

The Department acknowledges weakness in the following measures:

- 1B. Recurrence of maltreatment
- 2B. Percent Timely response to child abuse/neglect referrals
- 2C. Timely social workers visits with children
- 4A. Percent of children placed with siblings

The Department needs to develop a tracking system on whether new reports were for the same or different reasons than previously substantiated reports before it can address the outcome on recurrence of maltreatment (1B). It would also be helpful to know what intervention took place between reports. This outcome will not be addressed in the SIP but the Department will seriously consider a viable way to monitor this area.

The Department will continue to work with the FFAs on preserving sibling relationships. However, it is unlikely Outcome 4A will improve in the near future due to the placement constraints described in this report.

The Department plans to focus its SIP on the outcome with the most egregious result: timely social worker visits with children (2C). While many of the reasons for this result are system-related, timely worker visits have been an ongoing concern and all factors contributing to this outcome will be thoroughly analyzed.

The second area to be included in the SIP is the timely response to child abuse/neglect referrals. The Department is confident it can accomplish the required 90 percent

compliance in immediate responses with little modification to its system. However, a concentrated effort will be required to achieve the 90 percent required in 10-day responses.

The third area to be addressed in the County's SIP is the length of time for children to move from a foster care setting to adoption. This, even though the County's percent of children adopted within 24 months was higher by 17 percent than the State in the 10/1/02-9/30/03 federal outcome measure and almost identical to the State in the state outcome measure. Concern has been expressed regarding the timeliness of termination of parental rights in some cases. By addressing the entire process from foster care to adoption, the SIP will provide CWS, State Adoptions, the FFAs and the Court an opportunity to explore creative strategies for improving this outcome.

Barriers to Improvement

During the self-assessment process, the Department identified the following barriers - some systemic, some environmental – that will need to be considered in the SIP:

- Social work vacancies can take as long as one year to fill due to lack of qualified candidates. One vacancy in either the ER or the Court unit represents 20 percent of staff in that unit.
- Per CalSWEC's report, the social work turnover rate for FY 2002-2003 was 18 percent. At the present time, three of the five court workers have two years or less on the job (one has less than six months' experience).
- CWS social workers may carry caseloads comparable to other counties, but their workload is not comparable. Except for the ILP Coordinator, the Department has no specialized functions to relieve case-carrying workers of certain responsibilities. The assigned Court Worker is solely responsible for all court requirements and social work functions, including such activities as supervising court-ordered drug testing, relative/NREFM approvals, ICPC home studies, courtesy supervision for other counties, psychotropic medication applications, supervising monitored parent/child visits, etc.
- The Department does not have a written child welfare policy/procedure manual or standardized risk assessment protocol. The Department also has no formal quality assurance system.
- The County has been unable to develop parent leadership and ensure consumer representation in countywide collaborations. At all levels of the County, there is conceptual agreement that the consumer perspective is important. However, the County continues to struggle in putting this concept to practice.

From the beginning of this self-assessment, the Department has expressed the belief that its relationship with the local Tribes is one of mutual respect and collaboration. However, very recently the Quartz Valley Indian Reservation articulated a concern that

they were not being acknowledged as a Tribal entity to the extent they should be. The Department has assured the Tribe it will explore these concerns with them during the SIP process. The Department is pleased these issues surfaced at a time when the County could address them within a formal structure.

The Department made a pleasant discovery during this self-assessment. While it had previously considered itself resource-poor, it found a wealth of programs and services for children and families, some provided by single agencies, many in partnerships. It appears the services had been quietly utilized but not acknowledged and appreciated.

Many strategies have already been initiated to improve the Department's outcomes for children. Among them are the following:

- Establishment of Siskiyou Children & Families (Proposition 10) Community Teams
- Dedication of social work staff to the Voluntary Family Maintenance Program
- Enhancement of the VFM Program with Promoting Safe and Stable Families funding
- Enhancement of VFM Program through contact with Karuk Tribe
- Creation of Families Matter for Child Welfare Redesign
- Enhancement of prevention programs with Office of Child Abuse Prevention funding
- Development of the Family Resource Center Network Project

At this point, the Department is unsure about the logistics of the Peer Quality Case Review (PQCR). While it welcomes the opportunity to learn whether its service delivery results in stronger families and safe children, the PQCR is a labor-intensive process that can prove daunting to small counties with few staff. Nevertheless, the Department would welcome recommendations from its peers on two practices: timely visits with children and timely reports to the court.

REVISED SELF-ASSESSMENT OUTCOME SUMMARY

State Outcome Measure	Siskiyou County Jan. 04 / April 04 / July 04	California Jan. 04 / April 04 / July 04
1B. Recurrence of maltreatment within 12 months of 12-month study period	16.6% / 15.8% / 17.0%	14.6% / 14.8% / 14.9%
1B. Recurrence of maltreatment within 12 months after first substantiated allegation	16.0% / 15.2% / 16.9%	12.9% / 13.1% / 13.1%
1C. Rate of child abuse and/or neglect in foster care (Fed)	.64% / .66% / .00%	.81% / .87% / .90%
2A. Rate of recurrence of abuse/neglect in homes where children were not removed	9.2% / 10.9% / 12.6%	9.5% / 9.5% / 9.5%
2B. Percent of child abuse/neglect referrals with a timely response:		
Immediate Response Compliance	86.8% / 86.7% / 92.6%	94.5% / 93.6% / 93.9%
10 Day Response Compliance	62.9% / 66.3% / 74.8%	88.6% / 90.6% / 88.0%
2C. Timely social worker visits with child		
April 2003	55.3%	84.6%
May 2003	56.1%	85.2%
June 2003	60.1%	85.8%
July 2003	61.5%	85.4%
August 2003	64.2%	85.9%
September 2003	65.8%	86.4%
October 2003	58.3%	85.7%
November 2003	59.8%	86.3%
December 2003	60.8%	86.8%
3A. Percent of children reunified within 12 months (entry cohort)	51.9% / 58.2% / 55.6%	34.6% / 35.0% / 35.2%
3A. Percent of children adopted within 24 months (entry cohort)	5.1% / 5.5% / 6.7%	5.0% / 5.2% / 5.3%

3C. Percent of children with 1-2 placements – if still in care at 12 months (entry cohort)	90.0% / 84.2% / 87.5%		63.2% / 63.3% / 63.3%	
3G. Percent of children who re-entered foster care within 12 months of reunification	10.5% / 3.1% / 8.8%		13.4% / 13.0% / 13.3%	
4A. Percent of children in foster care that are placed with all siblings	37.9% / 36.5% / 45.5%		42.0% / 41.9% / 42.9%	
4A. Percent of children in foster care that are placed with some or all siblings	61.1% / 60.4% / 64.8%		66.4% / 65.9% / 66.8%	
4.B Percent of children whose primary placement was in the following settings				
Relative	9.8% / 14.3% / 16.7%		33.9% / 34.1% / 34.9%	
Foster Home	2.4% / 2.4% / 2.1%		22.9% / 23.2% / 22.6%	
FFA	82.9% / 78.6% / 77.1%		30.1% / 30.0% / 30.5%	
Group/Shelter	0.0% / 0.0% / 0.0%		9.1% / 8.8% / 8.9%	
Other	4.9% / 4.8% / 4.2%		4.0% / 3.9% / 3.2%	
4E. Percent of children identified as American Indian in ICWA defined settings				
Relative Home	33.3% / 12.5% / 22.2%		41.3% / 39.3% / 38.9%	
Non-Relative Indian Family	33.3% / 62.5% / 44.4%		9.5% / 9.4% / 9.9%	
Non-Relative Non-Indian Family	0.0% / 0.0% / 0.0%		21.0% / 23.0% / 22.8%	
8A. Number of children transitioning to self-sufficient adulthood	2001-2002 / 2002-2003		2001-2002 / 2002-2003	
High School Diploma	12	15	4,940	6,395
Enrolled in College/Higher Education	6	6	3,291	3,450
Received ILP Services	40	43	23,361	24,988
Completed Vocational Training	1	3	1,430	1,461
Employed or other means of support	10	19	5,691	5,643

OUT-OF-HOME PLACEMENTS
BY LOCATION AND
DISTANCE FROM CPS OFFICE

	Foster Home	Kin/NREFM	Guardianship	Group Home	Total	# of Miles Rnd Trp
Ashland	1				1	81
Canby				2	2	320
Castella	2				2	110
Chico	4				4	342
Cloverdale	4				4	594
Cottonwood	4				4	230
Crescent City		1			1	326
Dunsmuir	4	2			6	98
Ft Jones	5	2			7	41
Greenview	1				1	51
Grenada	2				2	27
Happy Camp			2		2	139
Hornbrook	3				3	28
Horse Creek	3				3	69
Hot Springs, AR		3			3	4979
Kelso, WA		1			1	745
Macdoel		1			1	144
Magalia	1				1	376
McCloud			1		1	104
Merced		1			1	747
Montague	6		4		10	17
Montgomery Cr	1				1	260
Mt. Shasta	4	2	5		11	82
Nevada City				1	1	495
Orland				1	1	320
Palo Cedro		2			2	216
Paradise	1				1	367
Portola	1				1	547
Redding	11			2	13	200
Sacramento				3	3	506
San Leandro				1	1	640
Shasta Lk City	1				1	196
Shingletown	3		2		5	256
Weed	8	1	6		15	64
Windsor		1			1	592
Yreka	14	2	5		21	0
TOTAL	84	19	25	10	138	14309

Child Welfare cases only
March, 2004

System Improvement Plan-Gantt Chart

SIP Attachment E

